

City of Gary Volunteer Application

Name:								
Address:								
Email:								
Phone:								
Alternative	phone:							
111								
How did you	ı hear abo	out this opportunity?						
□ Flyer		□ Word of mouth						
□ Referring	; agency/o	rganization, please list:						
□ Online, p	lease spec	ify:						
□ Other, ple	ease speci	fy:						
Have you be	een convic	ted of any criminal offenses?						
□ Yes	□ No	If yes, please explain:						
Please list a	ny relevan	nt skills and interests:						
Please desci	ribe previo	ous volunteer or work experience:						

Please list your availability:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Evening						
Are you inte	rested in sh	ort-term oi	·long-term	volunteerii	ng?	
Do you have	any physic	al limitatio	ns?			
- Cianakuna			_		Doto	
Signature					Date	